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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1,240.00

Complete if Known

Application Number	10/603,916-Conf. #4349
Filing Date	June 24, 2003
First Named Inventor	Jari Malinen
Examiner Name	J. E. Mattis
Art Unit	2665
Attorney Docket No.	08212/0200293-US0 (NC28794US)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____	- =	x _____	= _____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 =	/50	(round up to a whole number) x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity)

Other (e.g., late filing surcharge):	1252 Extension for response within second month	450.00
	1801 Request for continued examination (RCE) (see 37 ...	790.00

<u>SUBMITTED BY</u>				
Signature		Registration No. (Attorney/Agent)	46,900	Telephone (206) 262-8900
Name (Print/Type)	Thomas R. Marquis	Date	January 9, 2006	



Application No. (if known): 10/603,916

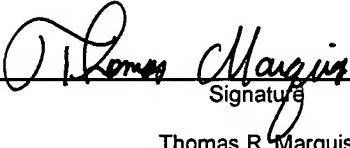
Attorney Docket No.: 08212/0200293-US0
(NC28794US)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV860552498US in an envelope addressed to:

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on January 9, 2006
Date


Signature

Thomas R. Marquis

Typed or printed name of person signing Certificate

46,900
Registration Number, if applicable

(206) 262-8900
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Check in the amount of \$1,240.00
Request for Continued Examination Transmittal (1 page)
Fee Transmittal (1 page)
Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)
Return Receipt Postcard